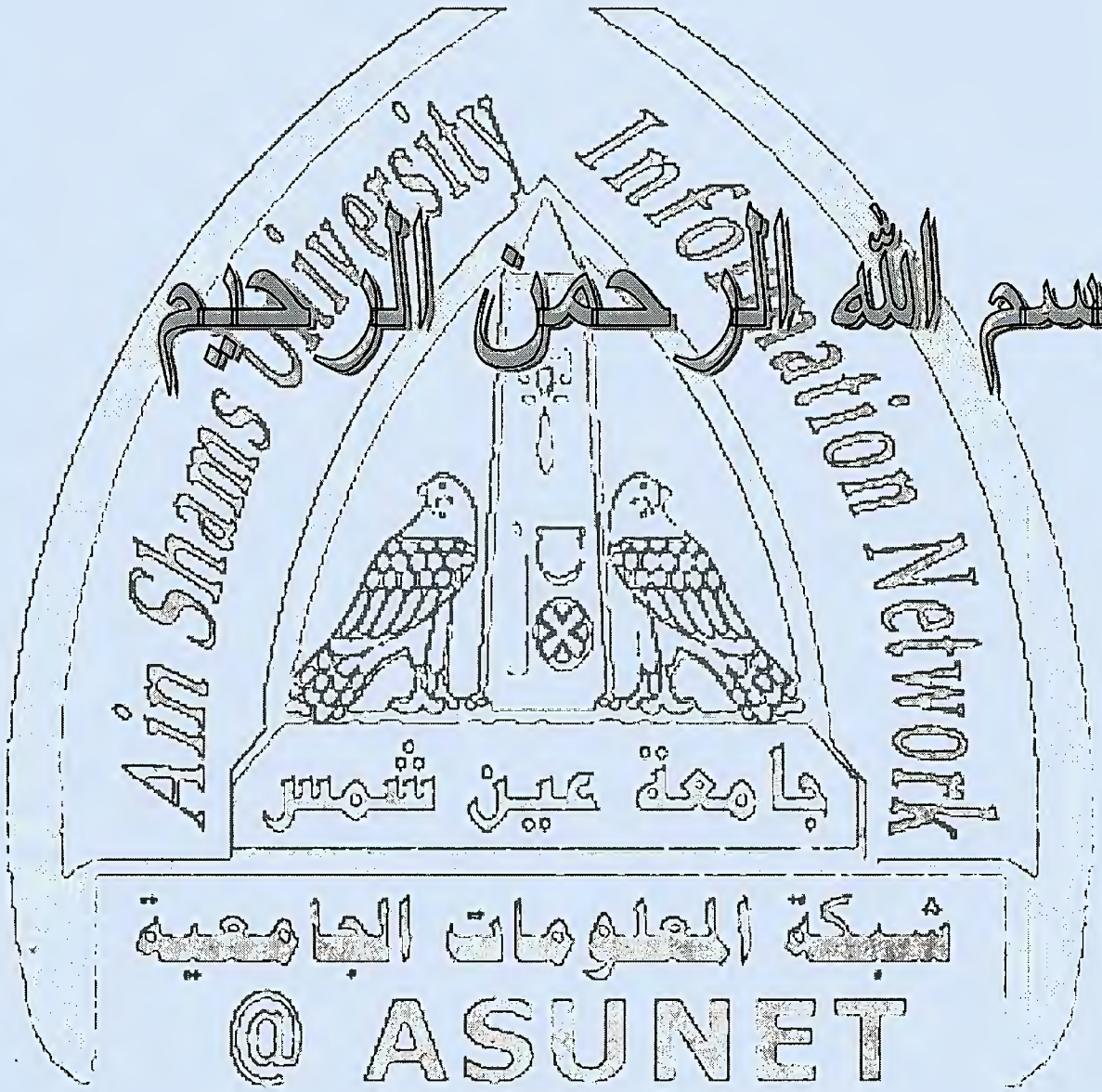
شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

في درجة حرارة من ١٥-٢٥ مئوية ورطوبة نسبية من ٢٠-٤٠%

To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

بعض الوثائق الاصلية تالفة

To My Parents

جامعة القاهرة / كلية الطب
القصر العيني

محضر

أجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب / أيمن فاروق ابراهيم لبزه
توطئة للحصول على درجة الماجستير / الدكتوراة
فى الجراحة العامة

تحت عنوان : باللغة الانجليزية : Immunological changes in patients with Portal hypertension after total Splenectomy

: باللغة العربية : التغيرات المناعية فى مرضى ارتفاع الضغط البابى بعد استئصال الطحال بالكامل

بناء على موافقة الجامعة بتاريخ ١٨ / ١٠ / ١٩٨٣ تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالى :-

١) أستاذ الدكتور / محمد على البارودى — عن المشرفين
٢) أستاذ الدكتور / مصطفى أحمد السمور — ممتحن داخلى
٣) أستاذ الدكتور / عبد الحميد اسماعيل عبد الطيب — ممتحن خارجى

بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة فى حجرة السيمينار بتاريخ ٤ / ١١ / ١٩٨٣ بقسم مركز التعليم الطبى مدرج ١ بكلية الطب - جامعة القاهرة وذلك لمناقشة الطالب فى جلسة علنية فى موضوع الرسالة والنتائج التى توصل إليها وكذلك الأسس العلمية التى قام عليها البحث .

قرار اللجنة : تقبل الرسالة

توقيعات أعضاء اللجنة :-

المشرف الممتحن	الممتحن الداخلى	الممتحن الخارجى
...	...	...

(عصام)

Abstract

Spleen represents the meeting point between antigenic information transported by blood stream and immune apparatus responsible for mounting the host response **(Lokwood, 1983).**

The spleen makes up to 25% of the total lymphoid mass and is an important component of the reticuloendothelial system **(Ellison et al., 1983) .**

Aim of the work

Is to study the immune profile in patients with chronic liver disease and portal hypertension after total splenectomy

Patients and Methods

In this study, ten patients with portal hypertension were subjected to elective splenectomy. Haematological profile and immunological profile (IgM, IgG, IgA, CD4, CD8, CD19, CD3, and CD4/CD8) was done before and one month after splenectomy. Immunological profile for ten normal control was measured .

Results

Splenectomy in portal hypertension improve all blood elements counts but decrease patient cellular immunity in form of decrease total T lymphocyte, T helper and increase T suppressor and decrease ratio .

Key Words.

Splenectomy - Portal hypertension - immunological changes.

ACKNOLWLEDGMENT

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Last but not least. I would like to express my feelings to all the patient, to whom we dedicate all our efforts.

Ayman El-Ezaby
2000

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Abbreviations Index

Ab	= Antibody
ADCC	= Antibody dependent cellular cytotoxicity
Ag	= Antigen
AIDS	= Acquired Immuno-Deficiency Syndrome
ALT	= Alanine Transaminsae
APC	= Antigen presenting cell
AST	= Aspartate Transaminsae
CD	= Cluster Determinant
DHS	= Delayed hypersensitivity
Hb	= Haemoglobulin
IF	= Interferon
Ig	= Immunoglobulin
IL	= Interleukin
LFTs	= Liver Function Tests
MHC	= Major histocompatibility complex
NK	= Natural Killer cell
OPSI	= Overwhelming post-splenectomy infection
PC	= Prothrombin Concentration
PMTs	= Photomultiplier tubes

PT = Prothrombin Time

RBCs = Red Blood Corpuscles

SGOT = Serum Glutamic Oxaloacetic Transaminsae

SGPT = Serum Glutamic Pyruvic Transaminsae

SIgA = Secretory IgA

Tc = Cytotoxic T cell

TH = T-Helper cell

Ts = T-Suppressor cell

WBCs = White Blood Cells

Introduction and aim of the work

INTRODUCTION AND AIM OF THE WORK

Spleen represents the meeting point between antigenic information transported by blood stream and the immune apparatus responsible for mounting the host response **(Lockwood, 1983).**

The spleen makes up to 25% of the total lymphoid mass and is an important component of the reticuloendothelial system **(Ellison et al., 1983).**

The adverse effects of the splenectomy on immune function, such as reduced response to peumococcal antigen **(DiPadva et al., 1983)** and attenuated ability of hepatic Kupffer cells to opsonize particulate matter are well recognized **(Billiar et al., 1988).** Further more, long-term depression of T cell proliferation has been reported in patients after splenectomy for trauma **(Downey et al., 1987).** Also in trauma patient, lymphocyte subpopulation was characterized by inverted helper/suppressor ratio. Lymphocytes blast formation is impaired, with no

changes in humoral immunity **(Schimazu et al., 1995).** In another study, where splenectomy was performed with another surgical procedure there were changes in humoral immunity particularly in IgM **(Fujita et al., 1996).**

Patients with intestinal hepatosplenic schistosomiasis and chronic liver disease show variable degree of depressed cell mediated immunity and significant increase in the humoral immune response. On the other hand, splenectomy is followed by increased susceptibility to infection due to impaired antibody production, this reduction in antibody formation is due to the disturbance in T helper/suppressor (CD4/CD8) ratio. As the main function of T helper cells is assisting in the production of antibodies **(Khalil et al., 1981).**

Splenectomy is still a useful procedure for the relief of discomfort of large spleen and for cases with hypersplenism **(Rains et al., 1984),** also portal hypertension sometimes induces bleeding in esophageal varices that require surgical treatment. Although splenectomy is often necessary, these patients rarely present with septic events, a finding that might be related to changes in the immunological system **(Pertain et al., 1998).**

Aim of the work

Is to study the immune profile in patients with chronic liver disease and portal hypertension after total splenectomy.

Review of Literature